



### MEDIFLEX CLAIM FORM

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employee I.D. Number \_\_\_\_\_

Category	Description	Amount
EPOCH	Insurance co-pays and deductibles	
CIGNA	HMO co-pays	
RX	Prescription medication	
DENTAL	Exams, x-rays, braces, etc.	
VISION	Glasses, contacts, frames, and exams	
NON-PRESCRIPTION	Covered Over-The-Counter Items	
MISC	Any miscellaneous legitimate medical expenses	
RETIREE PREMIUMS	Months _____ x Cost per mo. _____	
	<b>TOTAL</b>	

I hereby certify each of the foregoing items represents a fair and reasonable charge for services rendered to the best of my belief. I hereby further certify none of the medical expenses listed above has been paid or is payable to or on behalf of the above employee under the provision of any

1. Automobile or premises insurance affording benefits or medical expenses,
2. Individual, blanket or group accident, disability or hospitalization insurance,
3. Medical or surgical reimbursement plan,
4. Workmen's compensation or disability benefits law or any similar legislation,
5. Any other source.

Employee Signature \_\_\_\_\_

## Mediflex Instructions

1. Complete top portion of form.
2. Group all receipts by category as shown on the front of this form.
3. Total claims for each category on form and enter total reimbursement requested at bottom of form.
4. Send top copy of completed and signed claim form along with all receipts to Employee Benefits.
5. Requests for reimbursement that are received in Benefits by 5:00 p.m. Wednesday will be processed and reimbursed in the following week's paycheck. (With the exception of Holidays)

### COVERED OVER -THE-COUNTER ITEMS

To substantiate the expenses you will need to **submit the cash register receipt that clearly shows the product by name, the date of service, and the amount charged** with a completed claim form.

### COVERED OVER-THE-COUNTER ITEMS

Allergy Medications	Heartburn/Acid Reflux/Antacids	Pregnancy Tests
Anti-Diarrhea Medicine	Hemorrhoid Creams	Reading Glasses
Bandages	Incontinence Supplies	Rubbing Alcohol/Peroxide
Cold Medicines	Joint/Muscle Pain Therapies	Screening Tests (take home)
Contact Solutions	Lactose Intolerance Medicines	Pedialyte
Cough Drops/Lozenges	Laxatives	Suppositories
Diaper Rash Ointment	Menstrual Pain Medication	Thermometers
Eye Drops	Motion Sickness Medication	Wart Removal Medications
Fiber Supplements	Nasal Strips	Weight Loss Drugs/Medical Condition
First Aid Creams	Nicotine Patches/Gum	Wrist/Ankle/Knee Supports
First Aid Kits	Laxatives	

### OVER-THE-COUNTER ITEMS THAT ARE NOT COVERED

ChapStick	Drugs not approved in the US	Weight Loss Foods
Cosmetic Items	Medicated Soaps/Shampoos	
Dietary Supplements	Toiletries	
	Vitamins	

### Help us to expedite the processing of your claim!

- Tape or staple small slips to letter-size paper.
- National pharmacy chains such as Walgreens and Osco will usually provide a printout of your prescription drug expenses, eliminating the need for individual receipts. Ask your pharmacy if this service is available. Cigna can also provide this service for Rx and office visits.
- Receipts must be for dates of service within 18 months from the date you are submitting your claim.
- We can't pay from balance-due bills. Be sure your invoice has itemized dates and services.
- For fastest claim processing, include the Explanation of Benefits from your insurance carrier.
- Be sure to keep copies of your receipts. We are unable to return receipts to you once processed.
- Sign the claim form.
- Sloppy or incomplete claims will be returned.
- Call Benefits at 480-350-8279/ 480-350-8080 with any questions.